COMPARATIVE EFFECTIVENESS OF COGNITIVE BEHAVIOURAL THERAPY COMBINED WITH MOTIVATIONAL ENHANCEMENT THERAPY VERSUS COGNITIVE BEHAVIOURAL THERAPY ALONE IN MANAGING CANNABIS USE SEVERITY AMONG PATIENTS AT SELECTED METHADONE CLINICS IN KIAMBU COUNTY, KENYA

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A Thesis Submitted to the Graduate School in Partial Fulfillment of the Requirements for the Award of the Degree of Master of Science in Clinical Psychology of Chuka University

CHUKA UNIVERSITY

OCTOBER 2025

DECLARATION AND RECOMMENDATION

Declaration

This thesis is my original work and has not been presented for an award of diploma or conferment of a degree in any other University.

Signature..... Date..16th Oct. 2025

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Recommendation

This thesis has been examined, passed and submitted with our approval as university supervisors.

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DEDICATION

I dedicate this thesis to all R4E individuals and families still struggling with mental health issues particularly cannabis use disorder in silence, your voices need to be heard and your experience valued. This study is also dedicated to the mental health professionals, addiction counsellors and researchers who are dedicated so much to better the lives of the people living with substance use disorder in order to give them hope and bring change in their lives. Lastly, to my family and mentors that I love, thank you very much, you have taught me that no matter how big the task is, it is possible to do it one step at a time.

ACKNOWLEDGEMENTS

I would like to make an expression of my strongest gratitude to everyone who helped me during the course of this research and writing of this thesis. To begin with, I want to express a deep appreciation to my supervisors Dr. Cornellius Muendo and Dr. Beatrice Gichuru, who guided me invaluably, gave me several insightful feedback, and always supported me. Their experienced knowledge and guidance have played a decisive role in the accomplishment of this piece. I would like to acknowledge faculty and department of Nursing whose positive advice helped make my work better and offered to spend their time and expertise to make best of it and also gave me access to research facilities and resources that were vital to this project. I would also like to express my deep gratitude to my friends, colleagues, and classmates. These discussions, feedbacks and moral support that you have provided me have assisted me in shaping the direction of my work. I wish to recognize the efforts of the different authors and researchers whose work was used to shape this research. Their perspectives, theories, and discoveries were a good source of insights, aiding in my analysis, and outlining the course of this study. So personally speaking, I owe a lot of gratitude to my family members who have been extremely supportive, tender, and patient during this process. Particularly David Muchina, Zanita Njeri, Michael Ndegwa and Lennon Muatha, thank you so much, you have given me encouragement, understanding and believed in me even in the most difficult times. Without the help of all the mentioned people above, this thesis would have not been possible. I am truly grateful.

ABSTRACT

Cannabis Use Disorder (CUD) is an increasing epidemiological issue in the world. The world prevalence of cannabis use is 12.0 percent in those countries where cannabis has been legalized and 5.4 percent in countries where cannabis is not legal. Lifetime prevalence of cannabis use amongst Kenyan people age 15-65 is 3.4%. Poor treatment outcomes have been linked to continued use of cannabis by patients under methadone therapy. Cognitive Behavioural therapy (CBT) is an evidence-based intervention to substance use disorders; it will be more effective when paired with motivational enhancement therapy (MET). This is a cluster randomized controlled trial study design which evaluated the comparative efficacy of CBT+MET and CBT in the treatment of the severity of cannabis use disorder. Forty-nine patients who met the inclusion criterion were enrolled. The study involved cluster-randomization in which the groups of interventions group were assigned CBT+MET (n=33) at Ruiru and the control group engaged in CBT only (n=16) at Karuri methadone clinic. Within group change in scores was tested using paired sample t-tests and between group change after the intervention was tested using independent sample t-test. Diagnostic and Statistical Manual of Mental Disorders-5 (DSM -5) diagnostic criteria on Cannabis Use Disorder symptom checklist were used to measure the outcomes of cannabis use disorder severity scores at baseline and post-treatment. The improvements in both interventions were statistically significant ($p<0.001$) and CBT+MET demonstrated higher therapeutic improvement (mean reduction: 6.21 points, Cohens d =4.08) than CBT alone (mean reduction: 4.26 points, Cohens d = 2.22). Clinical significance analysis showed that CBT + MET intervention exhibited superior clinical results with the post-treatment mean of 2.15 (SD = 1.25). Most significantly, there was no severe category threshold at which all participants scored below that mark, and 42.4% scored no disorder category. The CBT only group posttreatment assessment showed significant therapeutic improvements with mean score change to 4.50 (SD = 1.90). Although 56% of the participants showed clinical improvement as a result of transitioning to moderate or no disorder categories, 44% were still in the severe range, which means that further intervention is necessary. The sociodemographic characteristics had no statistical significance with Cannabis Use Disorder. The results elicit solid support on the implementation of motivational enhancement factors, in addition to cognitive-Behavioural therapies within the addiction setting, to encourage an implementation of both CBT and motivational enhancement therapy model within methadone maintenance programs in Kenya and resource-constrained settings.